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ABSTRACT

This paper discusses some of the issues (beyond the methodological considerations) involved in a study of children's ideas about death and how these ideas relate to their cognitive development. The three aspects discussed are (1) problems involved in getting permission from the dissertation research committee, the school principal and camp director, parents, and the children themselves; (2) deciding on what questions to ask and how to ask them; and (3) determining how to cope with possible subject reactions which might come up, in terms of potential stresses and unpleasant aftereffects. (SET)

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TALKING ABOUT DEATH WITH "NORMAL" CHILDREN[1]
[RESEARCH STRATEGIES AND ISSUES]

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"Why should anyone want to undertake such a study anyway?" "What good will it do?" "You're just asking for trouble!"

These were just a few of the typical comments I received, when I expressed an interest in studying the formation of children's conceptions of death. Virtually all children think about death at some point in growing up, regardless of their physical condition or direct contact with death. Despite this obvious fact, however, many adults seem quite frightened of children's questioning about death. What research has been done in this area is often of the "opinion poll" variety, and without any real theoretical context. What might be considered the "classic" works in the field by Nagy and Anthony fall far short of being adequate empirical studies. When asked, "Why should anyone want to do a study on children's ideas about death?," I often feel like answering, "Why hasn't it already been done?"

It is unusual that for all the research in child development, no empirical work on children's ideas about death has been published in recent years. We know so little about this area, and yet the writing in this field seems more often based on speculation than on raw data. I believe that one of the reasons so little has been done is because of the difficulties inherent in setting up a study on death, let alone one which uses children as subjects. At the same time, this is clearly an important and potentially valuable endeavor. Moreover, it is an aspect of child development which will be receiving an increasing masture of attention as time goes on.

My own interest in children's ideas about death stems from my contact with a five year old named Mark. I met Mark four years ago as a practicum student in a university psychological clinic. His parents brought him in because he was refusing to go to bed at night, and when he would finally fall asleep he would often awake with nightmares. Mark's behavior and development were essentially within normal limits, aside from his rather phobic responses to bedtime preparations. Neither parent was able to offer any insight into the possible precipitants of this behavior. During one of the play sessions I had with Mark, he told me the story of a man who "got a heart attack, fell out of bed, and died." Mark explained that he had heard his mother tell this story over the phone to someone else. Putting events together with the help of his parents, I discovered that a family friend had recently died and Mark did indeed hear his mother describe the event to a friend over the telephone. Mark had no idea what a heart attack was or where one came from. He did, however, definitely know what "falling out of bed" meant, and if that could make you "get a heart attack and die," then no one was going to get him into a bed!

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With this information I was able to help ease Mark's concerns in short order, but the concreteness of his ideas about death stuck with me and I wondered about what other sorts of misconceptions about death might be causing psychological problems for children. I was also led to wonder about ways in which children cope with losses in general with the rather pragmatic goal of improving my clinical skills. Believing this to be an important and useful area of research, that could benefit both the curious children and anxious adults (myself included), I decided to draft a dissertation proposal in this area.

It came as no surprise when I began to discover that designing such research engenders a number of problems not covered in the textbooks on experimental design in psychology. The investigator planning such a study must confront three basic issues, above and beyond the usual methodological considerations. Broadly stated these are: 1) "Getting permission" to do the study, 2) Deciding how to "handle the subjects," and 3) "Coping with what comes up," in terms of potential stresses and unpleasant aftereffects. I do not pretend to have found the flawless methodology, or to have successfully coped with all of the major issues in this area. On the other hand, I would hope that my experiences might offer some constructive guidance to other researchers in this area.

I intend to focus my comments on some rather general issues, and to illustrate these points with experiences drawn from the execution of my study. I will not attempt to review the study in detail, nor report specific results. A complete report of this research, entitled "Childhood, death, and cognitive development," is slated for publication in the September, 1973 issue of Developmental Psychology, and reprints will be available. By way of a summary, this study was an attempt to examine and organize children's ideas about death developmentally, using a Piagetian framework. It will probably not surprise anyone here to learn that definite developmental differences were found in children's ideas about death.

Getting Permission

Having decided to undertake this sort of study, one must next locate a potential subject population and obtain permission for carrying out the research. This includes the rather sensitive issue of "informed consent," as detailed in the APA's Ethical Principles in the Conduct of Research with Human Participants. My subjects were children aged 6 to 16 years of age, who were enrolled in a summer school enrichment program and a YMCA day camp. I encountered four basic levels of "permission getting," some of which were encountered with comparative ease, some with difficulty, but all with some surprises.

The first level consisted of five professors, the members of my dissertation research committee. In another setting they might have been an institutional research committee, but in my situation they had some rather peculiar concerns. They gave my prospectus a thoughtful and cautious reviewing, and found nothing objectionable in the procedures I had outlined. One, in fact, offered his children as potential subjects. None raised the issue of informed consent, in spite of the fact that I had not thought to include this in my prospectus. The

prime concern of the committee seemed to lie in expanding the sphere of my investigation into areas beside "just death." While my hypotheses were regarded as interesting and worth investigating, they were not considered "profound" enough to constitute a "doctoral dissertation." I was surprised at the time that the committee did not seem distressed at my topic per se, and in retrospect I am somewhat surprised that a discussion of obtaining informed consent did not come up.

The second level of permission-getting involved the administrators of the day camp and summer school programs. Both were sent copies of the research prospectus, followed by one visit from me in the case of the day camp and several visits in the case of the summer school. The day camp administrators gave their permission quite readily. To this day I do not know if this was because they saw merit in my study, or because my advisor was on their board of directors. The school principal was another story entirely, and a good example of the need for both clinical and research skills in carrying out such a study.

I had four separate interviews with the school principal over a six-week period after he had seen my prospectus. I was eager to begin the study and could not understand why he seemed to be so protective of his students. At each of our meetings or phone conversations (between meetings) he would say, "Tell me again why you want to do this anyway." He was concerned that many of his students would become upset or have nightmares following their participation in the study. In him I saw for the first time the resistance about confronting the issue of "death" for personal reasons. At first I felt annoyed and bogged down in red-tape because he could never seem to get around to giving me an answer. When I finally learned of the reasons for his concern, both our feelings changed.

After arriving late for our third appointment, he apologized and explained thathe had just returned from visiting with his nine year old daughter who was hospitalized in critical condition, with a guarded prognosis. He was anxious about what to say to his daughter and his other children about her condition. He told me that his other children had been quite upset and were experiencing occasional nightmares. We talked for some time and both of us spoke frankly of our own concerns in talking about "death." Near the end of our meeting he spontaneously commented that he saw his concern about his children generating unrealistic anxiety about my study. He gave his consent for me to proceed, and hoped aloud that my data might be of some help to him as well.

The point to be learned from this encounter is that the researcher cannot isolate himself from the feelings of loss and anxiety in others, or in himself either. With this experience fresh in my mind, I was somewhat concerned about potential refusals at the third level of permission getting, that being the subject's parents. On the one hand I was convinced that my procedures would not be unduely stressful, and I was aware that parental consent, based on adequate information about the study, should be obtained. On the other hand, I was concerned lest anxiety generated by the word "death" cause parents to deny permission for their children's participation. I was also concerned that too explicit information on the nature of the study provided beforehand might lead to discussions with children that could bias the data.

The net result was that our letter requesting parental consent did not use the word "death." We mentioned instead children's ideas about the differences between "animate and inanimate objects" and between "living things and things that were not living." Having been sensitized to the affect that this word could arouse, I simply avoided using it. A small number of parents asked for more information, and they were read the questions to be asked of their child. No parents refused to have their children participate, although those parents spoken to had definite feelings about talking with their own children on this topic. They were about evenly divided between those who said, "Yes, of course, we have talked to the kids about death," and those who said, "No, we have no idea what to say to them, but we're glad you're going to talk with them."

The fourth and final level of permission getting was with the child himself. The children were told that they would be asked some questions, because I "want to know how you think about some things." They were told that they would get a candy bar for giving their opinions, and that they did not have to answer any questions that they did not want to, but could have the candy bar anyway. One child did in fact say that he did not want to answer one particular question and his reluctance was respected.

Handling the Subjects

Having obtained permission to conduct the study, the procedures for handling the subjects had to be finalized. For me this meant reducing to an absolute minimum any potentially harmful effects to the children in my study. When children are research subjects this concern is especially warranted, and sensitivity to the fears and stresses that might arise in magical thinking must be maintained. My study involved three parts: an intellectual screening using the WISC Similarities Subtest, a series of tasks aimed at assessing the child's level of cognitive development, and four questions about death.

Anticipating that the questions about death would be the most stressful part of the procedure, they were planned to be as "low-threat" as possible. First, the questions were phrased in plain language and left open-ended to be asked in a very low-keyed fashion. They were: "What makes things die?," "How can you bring dead things back to life?," "When will you die?," and "What will happen then?". The only additions to these questions were probes such as, "Anything else," or "Can you tell me any more about that?" These questions were sandwiched in between the cognitive development tasks and the WISC Similarities Subtest. This was done to suggest a kind of continuity in the questioning procedure. It was intended as a way of saying, "These are all questions to be answered openly...none are more important than others." We wanted to avoid the sort of situation where questions are given emotional emphasis apart from the other testing procedures.

Virtually all of the children took the questions in stride, although some seemed to think it strange that the examiner was asking such a weird collection of questions involving clay balls, containers of water, and dead things. Except for one child, mentioned previously, who did not want to guess when he might die, none of the children balked at any of the questions. Even that one child answered all of the other questions without hesitation. In fact, the most frequent comment by the children in the study was, "Is that all I have to do for the candy?"

Coping with What Comes Up

Because of the potentially stressful issues that were being raised with the subjects, it was also very important to consider how to cope with any unpleasant feelings that might come up in these children. The need for careful follow-up and potential therapeutic assistance on an ad lib basis in such instances had to be recognized. In the case of my own study, special arrangements had been made to offer therapeutic support as needed through the university psychological clinic, if this seemed indicated.

In actual fact, no special therapeutic support was needed to cope with unpleasant aftereffects. In fact, we obtained no reports of unpleasant aftereffects from the families of our subjects. The parents were given a phone number to call in order to contact me directly if they had any concerns following the study. In addition, 25% of the parents were phoned on a random basis and asked about their child's reaction to the study. "Did he or she seem concerned?, Continue to talk about the study at home?, Had the child seemed upset or depressed recently?," and similar questions of this sort were asked. Still, no unpleasant aftereffects were reported. The low-stress nature of this particular procedure was tolerated quite well by the children we tested. Nonetheless, the experimenter is not immune from the responsibility to follow-up his subjects for unpleasant emotional aftereffects, and must be prepared to provide therapeutic support if needed. Coping with what is dredged up in terms of affect is a definite obligation of the would-be researcher on death.

It was interesting to observe the reactions of the children in my study to the different parts of the procedure. Almost universally they indicated that the death questions were the "easiest to answer," while the WISC Similarities Subtest was the "most difficult part." In addition, the children were interested, indeed often eager, to talk about death. They seemed genuinely pleased that an adult was interested in hearing their ideas on this topic. Many of the children even assumed a somewhat didactic approach and proceeded to "teach" the examiner about death with sincere effort.

Observations

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One does not simply decide to do a study on death using a human population and proceed "as usual." There are a number of rather unique factors which must be taken into account —not the least of which is the role of the experimenter himself. The role of the clinician and the role of the researcher are not always perfectly consistent, and in fact a separation between the two is not wholly desireable. I must admit that I felt more the clinician than researcher once the study began. I was spending considerably more time concerned about the subjects than the data, a circumstance not universally witnessed in psychological research.

It was also interesting for me to introspect a bit as I began to write this paper. I found myself procrastinating and occasionally at a loss for where to begin as I attempted to recall some of my experiences in organizing the study. Other professionals in the mental health field are not immune from the peculiar stresses associated with this topic either. An interesting illustration of this is my experience in attempting to have the results of my study published. I first sent the manuscript to the psychologist-editor of a widely read interdisciplinary journal, which publishes articles in the field of child development. He promptly returned the manuscript to me with comments to the effect that he had read the

paper himself, and was rejecting it without sending it to referees because "The topic would not appeal to a broad enough segment of our readership." The second psychologist-editor I sent the paper to recognized the content as controversial but potentially important, and agreed to publish the paper after appropriate review and some revisions in data reporting. I cannot help but wonder about the first editor's experience with death or loss of people important in his life.

As I examined the preliminary draft of this paper, and discussed it with my colleagues, I realized that I had written a rather formal and highly intellectualized presentation. In retrospect, I see this too as an act of emotional distancing from the very real sorts of affect my own associations to this topic conjure up. I was working with emotionally healthy children in a fairly low-stress situation, and yet the emotional impact I have felt is quite strong. I am certain that you will be hearing more along these lines from the other speakers this morning. The experimenter's own feelings are very much a research issue to be reckoned with.

Conclusion

What does all of this mean in terms of practical questions?

Perhaps the most significant issue is thatof the "unspoken barrier." This may be in the form of concern over person losses or fear of arousing such concern in others. Often, though, this may be a concern chiefly because it remains unspoken. In my own experience the talking about death seems to have been considerably less stressful than the not talking about it. This should not come as such a surprise, since it seems most logical for people to seek common ground and shared experiences when confronted with loss. Somehow it seems easier simply not to talk at times, but this can be the definite start of a barried.

Another significant issue to be faced is that of the investigator's role. Both research and clinical skills will be needed when studying ideas and feelings about death. It is not enough to have "a good design." One must also have a good feeling for people, and the skill to offer assistance when need be.

The issue of permission-getting is also an important one. The need for such permission in the form of "informed consent" is important, and may be rather easy to obtain if my own experiences are any indication. Nonetheless, it is important that subjects be aware at all times that they are volunteers in a research program, and have the option of withdrawing if the stress becomes too great.

Once a study on death is in progress, the format should be set up to minimize the emotional stress on the subject. The best ways to accomplish this will obviously differ with the nature of the study, but this goal deserves at the very least as much attention as the basic experimental design itself.

Finally, the experimenter must be willing to make a serious commitment to assist the subjects in coping with any unpleasant emotional side effects arising as a result of the procedures. This includes responsibility for a reasonable follow-up of subjects, and for providing therapeutic support or assistance where indicated.